U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U	2. Fiscal Year Covered From;			
16001	61 / 61 / 64 Through: 1/2 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name David P Evans	Name Plum bers AFLC10			
	Labor Organization File Number 048-054			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 18355 S. Figueroa St.	Street 18355 S. Figueroa St.			
City Gardena	City Gardena			
State CA ZIP Code + 4 90248-421	7 State CA. ZIP Code + 4 90248-4217			
5. Position in labor organization. Business Represe	नीची we			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, If any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	/ / / / / / / / / / / / / / / / / / /			
City				
State ZIP Code + 4				
Sign	ature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed David O. Coans	On 8-10-05 310-660 -0035 X 3331 Date Telephone Number			

Name of Person Filling David P. Evans	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Arc Cond. + Refrig. Pen3100 Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1380 5. Sanderson Auc City Anah iem State CA ZIP Code + 4 92806	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.				
10. If 9.b. or 9.c. is checked give trust or employer's name.	West data de la constitución de M. esta deserva en que la particidade de la constitución	and the fact of the second section of the second second second second section of the section of the second section of the section of th			
Name Air Cond. & Refrig Pension Trust	Conference - Pension				
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P.O. Box, Bldg., Room No., if any					
Street 1380 S. Sonderson Ave.		1 × 205 00			
telvis antigs to a companie economictus municipalican interes actual	11.b. Approximate dollar value of such dealing.	# 285,00			
City Anaherm	12.a. Nature of interest held or income received	d.			
City Anaherm State CA. ZIP Code + 4 92806	12.a. Nature of interest held or income received	d.			
	12.a. Nature of interest held or income received	d.			
	12.b. Amount.	d.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount.	d.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b, Amount. r parts A and B above) or other thing of value.				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b, Amount. r parts A and B above) or other thing of value.	d.			
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Name of Person Filling David P. Evans	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwing an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicated in the consists of buying from t	se dealing with the business ely seeking to represent, or rectly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name Arr Cond. 4 Refrig. Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1380 S. Sanderson Ave City Anahlem State CA. ZIP Code +4 92806	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. Is checked give trust or employer's name. Name Ancload + Refrig : Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Lunch Meeting			
Street 1380 S. Sanderson AWE.	11.b. Approximate dollar value of such dealing.	#81,00		
City Anahiem ZIP Code + 4 92806	12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	that any page of the control of the		
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City				
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	14.b. Amount of payment.	· · · · · · · · · · · · · · · · · · ·		

Name of Person Filing David P. Evens	File Number U-				
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8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Air Cond. & Refrig. Persion Trust	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street 1380 S. Sanderson	c. Employer				
civ Anahiem					
State CA ZIP Code + 4 92806					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Air Cond + Refrig. Pension Trust Trade Name, If any:	Conference Pension				
P.O. Box, Bldg., Room No., If any					
Street 1380 S. Sanderson	11.b. Approximate dollar value of such dealing.	\$ 2,652,00			
city Anahiem	12.a. Nature of interest held or income received.				
State CA . ZIP Code + 4 92806					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.				
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Trade Name, if any:					
P.O. Box, Bidg., Room No., if any		Tr. propagation as			
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.				

Name of Person Filing Lawid P Evans	File Nulliper O-		
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Acc Cond. 4 Refriger Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any	Conference Pension		
Street 1380 S. Sanderson Ave.	11.b. Approximate dollar value of such dealing.	12,188.00	
city Amahiem	12.a. Nature of interest held or income received.		
State CA ZIP Code + 4 928 06			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
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